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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 81

FILED OCT 20 1943

Registration District No. 20

Primary Registration District No. 5445

1. PLACE OF DEATH:

(a) County: Gentry  
(b) City or town: Rural, Bogle, Twp  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community: 51-10-  
years, months or days)

3. (a) PRINT FULL NAME: Emma Emeline Kirk

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: Female, 5. Color or race: white, 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Alonzo Kirk, 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: 4, 20, 1859  
(Month) (Day) (Year)

8. AGE: Years: 84, Months: 4, Days: 13, If less than one day: hr., min.

9. Birthplace: Bethany, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Lewis Carter  
13. Birthplace: Dont know, 9  
(City, town, or county) (State or foreign country)  
14. Maiden name: Margaret Ross  
15. Birthplace: Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant: Lewis Kirk

(b) Address: St Joseph, Missouri

17. (a) Burial, cremation, or removal: Burial, (b) Date thereof: Sept 5-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Huguenotville Cemetery

18. (a) Signature of funeral director: John Johnson

(b) Address: St Joseph, Mo

19. (a) Sept 6-1943, (b) Homer M. Webster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Gentry

(c) City or town: Rural, (If outside city or town limits, write "RURAL")

(d) Street No.: 3 miles south West of Gentry Missouri  
(If rural, give location)

(e) Citizen of foreign country? No, (Yes or No)

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 3, day: September, year: 1943, hour: 930, minute: P. M.

21. I hereby certify that I attended the deceased from MAY 1, 1943, to Sept 3, 1943;

that I last saw her alive on Sept 3, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Breast, Duration: 6 months

Due to:

Due to:

Other conditions: 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) (e) Means of injury:

23. Signature: Charles N. Williamson, (M.D. or other) Address: Gentry Mo, Date signed: Sept 6-1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

*J. Ewan Johnson*....., Registered Apprentice No. *✓*  
working under my personal supervision.

Signed *J. Ewan Johnson*.....

Licensed Embalmer No. *3492*.....

P. O. Address. *Stamberg Mo.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**